POSITION	ID NO.	DATE
CLASSIFIER	5	5-25-94
EXAMINER	313	5.26 94
TYPIST	357	8.2.94
VERIFIER	WD	8/12/9M
CORPS CORR.		
SPEC. HAND	446	6-30-94
FILE MAINT.	452	5-27-94
DRAFTING		

INDEX OF CLAIMS

Claim		Date						
Final	Original							
	1							
	2							
	3	✓	=					
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Final	Original							
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SYMBOLS

✓	Rejected
=	Allowed
- (Through numberal)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

(LEFT INSIDE)